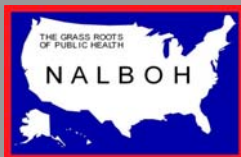SAFER · HEALTHIER · PEOPLE™

CDC

National Public Health Performance Standards Program

The Local Public Health Governance Instrument

NALBOH

ASTHO

NACCHO

nnphi

PHF

NPHPSP

Assessment Instruments
- State public health system
- Local public health system
- Local governance

Partners
- CDC
- APHA
- ASTHO
- NACCHO
- NALBOH
- NNPHI
- PHF

History of the NPHPSP

- Began in 1998

- Practice-driven development by CDC and ASTHO, NACCHO and NALBOH Work Groups

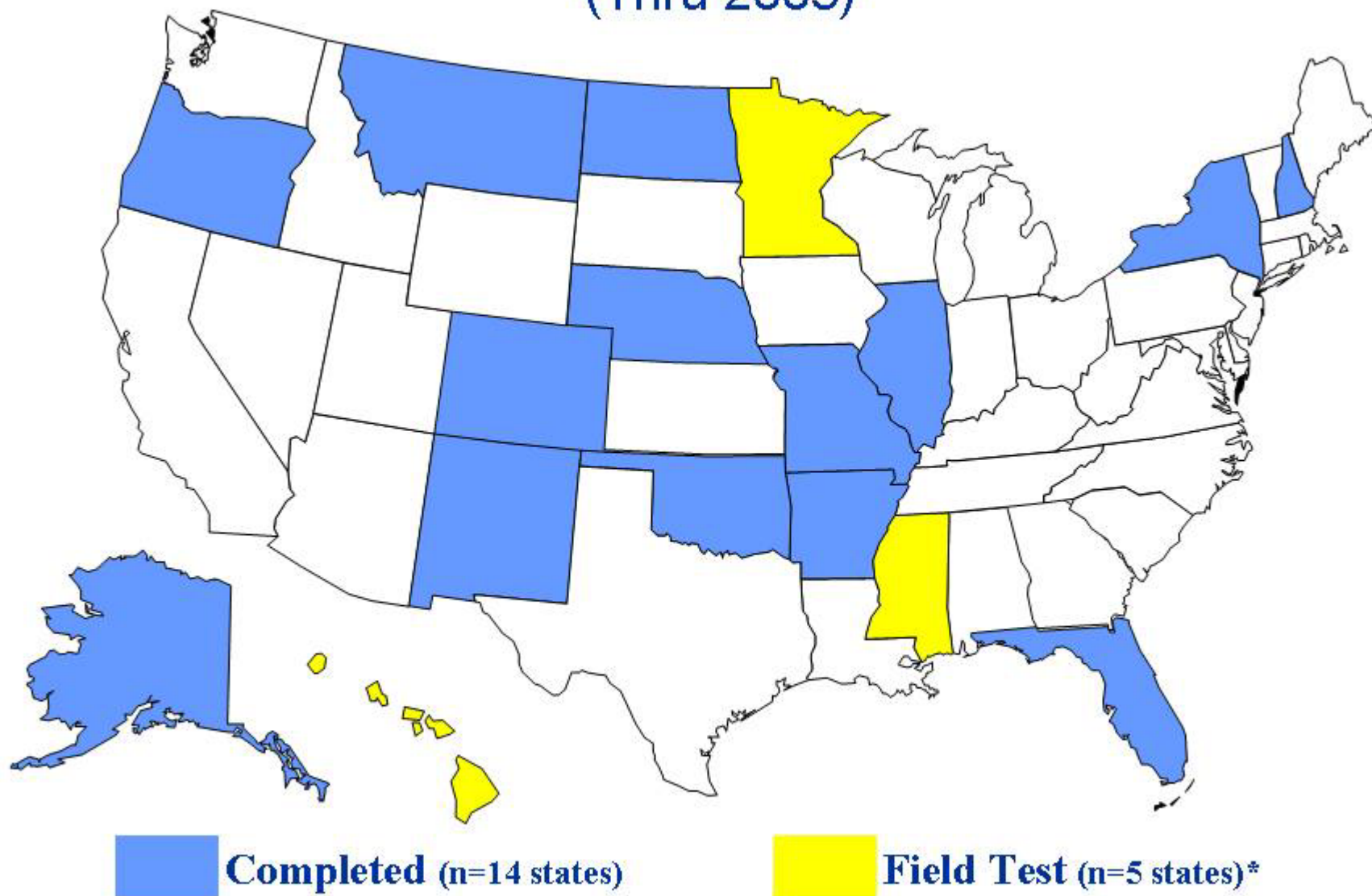- Comprehensive field testing

- Released in July 2002

Four Concepts Applied in NPHPSP

1. Based on the ten Essential Public Health Services

2. Focus on the overall public health system

3. Describe an optimal level of performance

4. Support a process of quality improvement
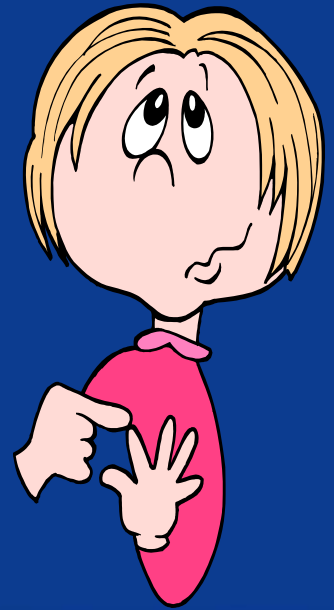
NPHPS State Instrument Use
(Thru 2005)

Completed (n=14 states)   **Field Test** (n=5 states)*
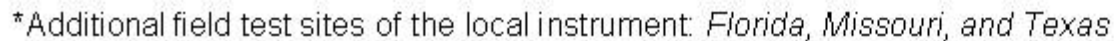
*Additional field test sites of the state instrument: *Florida and Missouri*

States that have probable or definite plans for state instrument use in the future: *Connecticut, Delaware, Michigan, New Jersey, North Carolina, Ohio, Pennsylvania, and Texas*

NPHPS Local Instrument Use
(Thru 2005)

Significant Use (67% or greater)

Moderate Use (33% - 66%)

Limited Use (1% - 32%)

Field Test*

*Additional field test sites of the local instrument: *Florida, Missouri, and Texas*

NPHPS Governance Instrument Use
(Thru 2005)
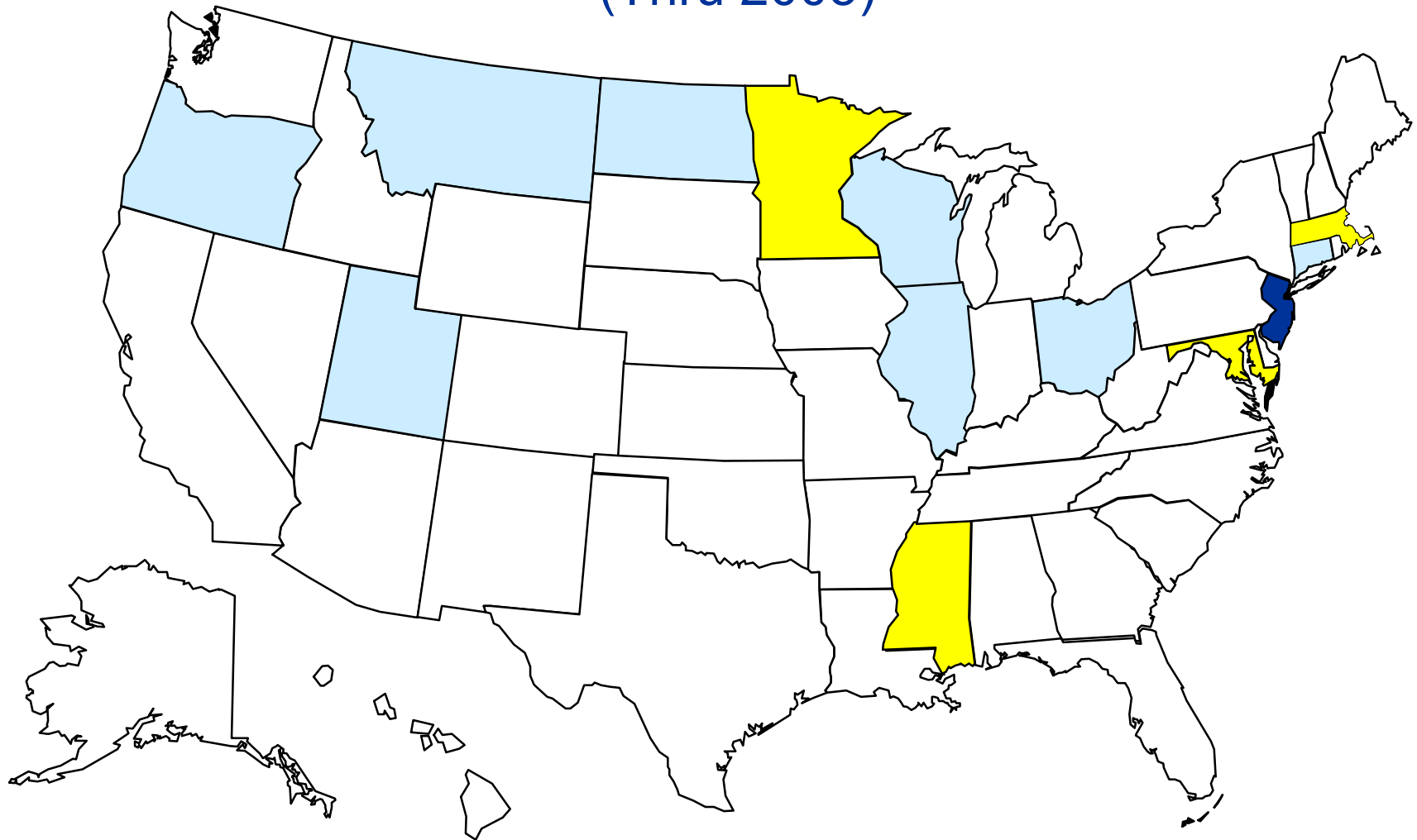
Significant Use
(67% or greater)

Limited Use
(1% - 32%)

Field Test

Local Public Health Governance Instrument

- Focus on governance of local public health systems

- Developed by NALBOH officers and local board of health members, in coordination with CDC

- Includes cross-connections with Local PHS Instrument

THE GRASS ROOTS OF PUBLIC HEALTH

NALBOH

Local Public Health Governance Instrument

- Focuses on the public health governing body:
    - The individual, board, council, commission, or other body with legal authority over the public health functions of a jurisdiction of local government; or region, or district, or reservation
- Focuses on oversight of and authority for public health activities:
    - ES#2 – Oversight to assure public health surveillance and response
- One model standard for each Essential Service (10 Standards Total)

Local Governance

Members of boards of health or other governing bodies need to:

- fully understand <u>legal authority</u>, obligations and responsibilities (personal & official)

- assure the availability of adequate <u>resources</u> (including legal, financial, personnel, capital, equipment, and supplies) to perform essential public health services;

Local Governance

- <u>develop policies</u> to support public health activities and goals;

- routinely <u>evaluate</u>, monitor and set goals for improving community health status;

- assure <u>collaboration</u> of all relevant stakeholders participate in achieving public health objectives.

Local Governance Puzzle

Resources

Policy Making

Legal Authority

Evaluation & Improvement

Collaboration
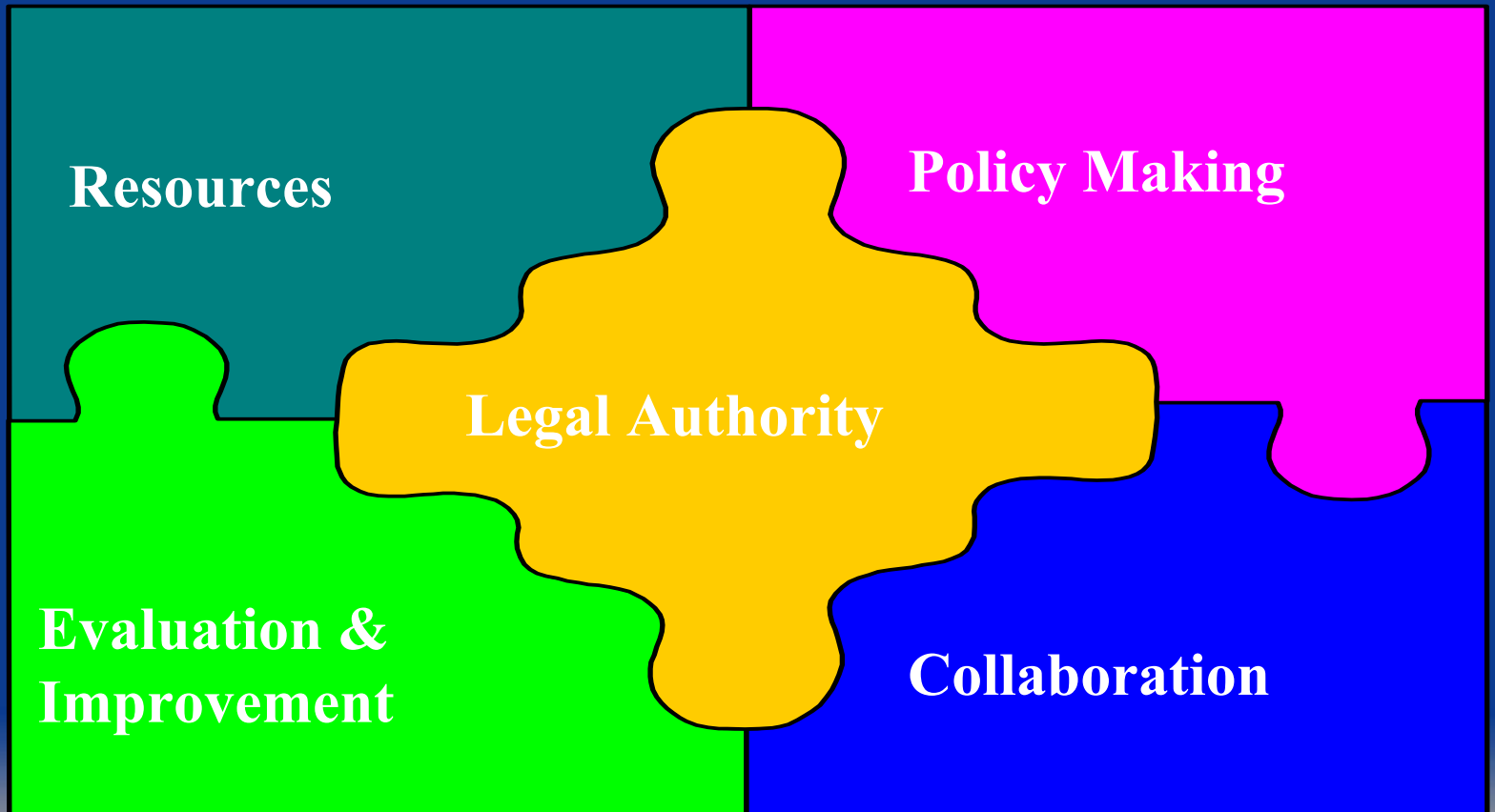
Governance Assessment Purpose

- Governance has important role in determining effectiveness of system.

- Logic would dictate that better governance would lead to a better system.

- Assessment allows a measurement of performance, and can identify areas in need of improvement.

- Assessment also identifies areas of strength that can be used for "success stories."

Instrument Structure

- Essential Public Health Services

- Indicators

- Model Standards

  - A benchmark for high or superior performance and capacity

- Assessment Questions or Measures

- Quartile response Options

Essential Service # 1 — Monitor Health Status to Identify Community Health Problems

This service includes:

- Accurate, periodic assessment of the community's health status, including:
  - Identification of health risks (determinants of health) and determination of health service needs;
  - Attention to the vital statistics and health status indicators of groups that are at higher risk than the total population; and
  - Identification of community assets that support the LPHS in promoting health and improving quality of life.
- Utilization of appropriate methods and technology, such as geographic information systems (GIS), to interpret and communicate data to diverse audiences.
- Collaboration among all LPHS components, including private providers and health benefit plans, to establish and use population health registries, such as disease or immunization registries.

Indicator G1 — Oversight to Assure Community Health Status Monitoring

Governance Model Standard:

Improving the quality of community health status monitoring depends in part on the degree of active support, guidance, and participation by the board of health or other governing body in the monitoring process.

To accomplish this, the board of health or other governing body assures:

- Appropriate resources (financial, personnel, and technical), guidance, and oversight for community health status monitoring;
- Promotion of broad-based participation and coordination among all entities active in collecting, analyzing, and disseminating community health status data;
- Development, implementation, and review of policies designed to facilitate the monitoring of community health status and progress towards meeting locally established health priorities; and
- A process of continuous evaluation and improvement of public health monitoring efforts.

1

GOVERNANCE

Local Public Health Governance Performance Assessment Instrument

Essential Service

Indicator

Model Standard

Measures →

Please answer the following questions related to Essential Service #1:

G1.1: Does the board of health or other governing body periodically identify the individuals, agencies, or organizations active in community health status monitoring? YES HIGH PARTIALLY LOW PARTIALLY NO

G1.2: Does the board of health or other governing body periodically determine resources necessary for community health status monitoring? YES HIGH PARTIALLY LOW PARTIALLY NO

If so, does the board of health or other governing body assure availability of adequate resources, including:

G1.2.1: Financial resources? YES HIGH PARTIALLY LOW PARTIALLY NO
G1.2.2: Personnel resources and expertise? YES HIGH PARTIALLY LOW PARTIALLY NO
G1.2.3: Technological resources? YES HIGH PARTIALLY LOW PARTIALLY NO

G1.3: Does the board of health or other governing body routinely provide oversight of health status monitoring activities? YES HIGH PARTIALLY LOW PARTIALLY NO

G1.4: Does the board of health or other governing body promote broad-based participation among those active in collecting, analyzing, and disseminating community health status data? YES HIGH PARTIALLY LOW PARTIALLY NO

If so, does the board of health or other governing body:

G1.4.1: Assure coordination among those individuals, agencies, or organizations that are engaged in these activities? YES HIGH PARTIALLY LOW PARTIALLY NO

G1.5: Does the board of health or other governing body assure the development, implementation, and/or review* of policies that identify data needed for effective health status monitoring? YES HIGH PARTIALLY LOW PARTIALLY NO

If so, does the board of health or other governing body:

G1.5.1: Facilitate access to those data? YES HIGH PARTIALLY LOW PARTIALLY NO
G1.5.2: Facilitate the maintenance of population-based health registries? YES HIGH PARTIALLY LOW PARTIALLY NO

G1.6: Does the board of health or other governing body periodically assure the development, implementation, and/or review* of policies that designate appropriate uses for health data? YES HIGH PARTIALLY LOW PARTIALLY NO

If so, does the board of health or other governing body assure that:

G1.6.1: Policies are established to guide data sharing among entities that supply public health services to the community? YES HIGH PARTIALLY LOW PARTIALLY NO
G1.6.2: Policies are established to guide data sharing between community and external entities? YES HIGH PARTIALLY LOW PARTIALLY NO

* "and/or" is used in a measure so that if the board of health or other governing body feels it does only one or two of the three actions being measured it may still proceed to answer the sub-measures, taking in to account the appropriate 1/3rd or 2/3rds reduction as it scores its responses. For example, if the board estimates high partial (51-75%) on 2 out of the three policy actions being assured (development, implementation, review) it would have to adjust its score to a low partial (26 –51%) to properly account for all three activities being measured.

User Benefits

- validation of role of Board members
- awareness of Board's range of responsibility
- awareness of other potential resources/partners
- awareness of gaps in service delivery
- awareness of need to do strategic planning and evaluation
- tool for advocacy

User Benefits

Acknowledgement of barriers to effectiveness of Board:

- lack of adequate resources
- lack of full public appreciation of importance of local public health
- limitations of public health infrastructure
- limitations of appointed boards

Sample from the Field
-- *Results identified by a BOH* --

Strengths identified by Board:

- good relationship with Health Director
- good knowledge of community
- excellent enforcement of regulations (E.S. #6)

Weaknesses identified by Board:

- lack of strategic planning
- lack of written protocols/policies
- limited capacity/opportunity to advocate

Tips on Assessment

- Know that process will take time, but results will be worth the effort
- Utilize the instrument in a constructive self-improving manner
- Include health officer/commissioner

Tips on Assessment

Several methods of completing instrument:

- Completing one essential service per board meeting
- Allow 1 hour before or after regular meeting
- Special meetings
- Having "retreat" and completing entire instrument at one time